



## Guam Emergency Rental Assistance Program



### Landlord Verification Information

Landlord Name	
Mailing Address	
Contact Numbers	
Email Address	
Tenant Name	
Physical Address of Rental Unit	
Contact Numbers	
Email Address	

Above said Tenant has rented since \_\_\_\_\_ to \_\_\_\_\_.

Amount of rent \$ \_\_\_\_\_ per \_\_\_\_\_ (weekly, bi-weekly, monthly)

Is rent in arrears? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, number of late payments \_\_\_\_\_ Amount in arrears \$ \_\_\_\_\_.

List month(s) in arrears \_\_\_\_\_

Late fees incurred? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, amount in late fees \$ \_\_\_\_\_.

Initials	Certification by Landlord
	I understand the Tenant is applying for financial assistance through the Emergency Rental Assistance Program.
	I hereby agree to participate in the Emergency Rental Assistance Program. Attached is a copy of my business license and W-9 form.
	I hereby certify under the penalty of perjury that all the information contained in this form as well as any additional information and/or documentation provided in support of it, is true and correct.
	I understand and acknowledge that making false statements is a crime under Federal and Guam law.
	I authorize the Department of Administration or any of its duly authorized representatives to verify all information provided on this form, to include site visits of the tenant's physical address. (Please draw a map to the tenant's residence on the back of the form.)
	I hereby agree to receive rent payments via electronic method. Attached is vendor electronic funds transfer form with my bank account information.
	I acknowledge that in agreeing to receiving rent payments from GERA on behalf of tenant I agree to refrain from eviction of tenant for 90 days from date of this acknowledgement and for the duration tenant has an active ERA application.

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_